

**Addis Ababa University**  
**College of Education and Behavioral Studies**  
**Department of Special Needs Education**

**Prevalence and Academic Achievement of Students with Emotional  
and Behavioral Disorders at Kidus Gabriel Higher Elementary  
School in Mettu Administrative Town**

**By: Eshetu Getahun**

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**AAU**

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**This Thesis is Submitted to the Department of Special  
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## **Abbreviations**

AA –	Academic achievement
AP –	Attention problem
ADHD –	Attention deficit hyperactive disorder
AA –	Academic achievement of students with externalizing disorder
CD –	Conduct disorder
EBD –	Emotional and behavioral disorder
IDEA -	Individuals with Disabilities Education Act
ODD –	Oppositional defiant disorder
NASP –	National association for school psychologists

## ***Abstract***

*The main objective of the study was to assess the prevalence and academic achievement of students with EBD in Kidus Gabriel Higher Elementary School. Thirteen (13) teachers and fifty eight (58) students were involved in this study. For this purpose Observation, Conner's teacher rating scale and document analysis were employed as a method of data collection. The score of students on the Conner's rating scale completed by teachers were converted in to T-score to avoid negative numbers and to standardize the scores and then compared with the manual. After students with EBD were identified, document analysis was conducted to get academic achievement of students with EBD. The findings of the study shows that 11.15% of students were identified with EBD, externalizing behaviors were associated with poor academic achievement in particular in the present study, there was statistically significant relationship between academic achievement and EBD, and in general, male students with EBD have poor academic achievement. Externalizing disorder was highly prevalent among male students and externalizing behavioral patterns and classroom academic achievement were highly associated in Kidus Gabriel Higher Elementary School. This implies that, emotional and behavioral disorder has an impact on academic achievement of students.*

# CHAPTER ONE

## 1. INTRODUCTION

### 1.1 Background of the Study

The phrase Emotional and Behavioral Disorder shows state of a student's emotional and behavioral disturbance that interferes with one's learning and can affect academic performance. It has two categories known as externalizing and internalizing disorders. Each category further has its own subtypes of behaviors. Attention deficit hyperactive disorder (ADHD), conduct disorder (CD), oppositional defiant disorder (ODD), hyperactive, aggressive etc. are categorized under externalizing disorders while immaturity, anxiety, depression, withdrawal, difficulty in learning, childish and easily frustrated are categorized under internalizing disorders.

Attempts have been made to provide sufficient improvement regarding academic achievement of students with emotional and behavioral disorders focusing on different aspects of the disorder. The 1970's marked the beginning of research on internalizing disorders (Twanyea, 2007). Reynolds, as cited in Twanyea (2007) stated that during this time, research efforts focused on the nature and treatment of these disorders in adults. Twanyea stated that however, it wasn't until the 1980's that the study of internalizing disorders trickled down to the child and adolescent population. Children and adolescents with emotional and behavioral disorders, particularly those with internalizing disorders have been understood as they were growing normal. Literature evidences also argued that prior to 1980's, children and adolescents with internalizing symptoms were viewed as going through normal, but difficult, developmental stages in their lives (Twanyea, 2007). Then, attention given to these disorders has been growing. This growing

attention to child and adolescent internalizing disorders stemmed in part from a rapidly increasing suicide rates among adolescents in the 1950`s, 1960`s and 1970`s (Twanyea, 2007).

An expanding literature base indicates the prevalence of emotional/behavioral problems in young children is increasing. The U.S. Department of Health and Human Services' (DHHS') 1999 report, *Mental Health: A Report of the Surgeon General* estimates that at least one in 10 (10%), or about 6 million people, has a serious emotional disturbance at some point in their life (Cheryl et al., 2003). That means emotional and behavioral disorder is a highly prevalent problem in U.S.A. similarly, the results of studies indicate that overall prevalence of behavioral and emotional disorders in Bangladesh were 40.35%, in which Behavioral disorder was 26.9%, Emotional disorder was 10.2% and both Behavioral and Emotional disorder were 3.2% (Wasima et al., 2012). Emotional and behavioral disorder is highly prevalent among orphan children and adolescents in this densely populated country. Wasima et al. (2012) concluded that behavioral and emotional disorders are highly prevalent among orphan children and adolescents with residential care that needs to be addressed.

Few studies reported that the prevalence of emotional and behavioral disorder in adolescents with and without asthma were higher in adolescents with asthma. The prevalence of emotional and behavioral disorders in adolescents with and without asthma in Brazil was 20.4% and 9.0% respectively (Cristina et al., 2002). Cristina et al., (2002) concluded that the prevalence of emotional and behavioral disorders is higher in adolescents with asthma than in those without asthma, underscoring the need for a holistic, interdisciplinary approach.

Studies conducted regarding Emotional and Behavioral disorders have reached at different findings and conclusions. Illustrative examples include the following studies. Externalizing

behavioral patterns are understood by teachers as maladaptive and assumed to have an association with poor academic achievement. Students with externalizing disorder tend to have poor academic achievement. A study conducted by Barriga et al. as cited in Lara (2013) found that aggression and delinquency behaviors were associated with academic underachievement. It is widely assumed that externalizing problems are associated with academic underachievement.

Even though attempts have been made to provide pure association between externalizing behavioral patterns and academic achievement, the relationships remains not constant through time. DuPaul and Stoner as cited in NASP (2011) recognizes that attention problems may also be due to a variety of factors such as academic difficulties, anxiety, depression, and/or environmental factors (e.g., teaching practices, ineffective discipline, or stress). Expected reciprocal effects between externalizing symptoms and academic achievement were not significant across time, although the pattern of results were consistent with this possibility (Ann et al., 2005). Literature agreed that the possibility of the relationship is consistent though it is not significant throughout the time.

Externalizing disorders which is defined as ADHD, oppositional and hyperactive in this study are associated with academic achievement. Significant relationship exists between externalizing behaviors (which is understood as maladaptive behaviors in schools) and academic achievement. There is a strong relation between attention (problem) Ap and academic achievement (AA). In this regard, it was also found that the strongest relation was present for the inattentive symptoms of ADHD and AA. Academic achievement and inattentive symptoms of ADHD are highly related. In their 4-year-follow-up study, Polderman et al. (2010) did find a significant relation between AA and hyperactivity.

ADHD can co-occur with oppositional defiant disorder and hyperactive disorder. If ADHD is prevalent with oppositional defiant disorder, then they will highly influence academic achievement. The findings of study conducted by Polderman, et al. (2010) also stressed that especially, the highly prevalent co-occurrence with ODD, with symptoms of impatience and low frustration tolerance, might have an important influence on achievement skills. In such a manner, ADHD, ODD and hyperactive are related to academic achievement.

After thoroughly investigating academic achievement of students with externalizing problems, Kauffman et al. as cited in Robert et al. (2004) and Robert et al.(2004) found that low academic performance and maladaptive behavior patterns are highly related, even though, some research findings on the characteristics of their academic performance and the mechanism of their relationship remains uncertain. The present study focused on investigating the type of relationship between EBD and academic achievement in Kidus Gabriel Higher elementary school. It is believed to fill the gap regarding academic characteristics of students with externalizing disorder and mechanism of their relationship which remain uncertain in some research findings.

Internalizing problems with anxiety and depression were not related to academic underachievement while others were associated to it. For instance, a study conducted by Barriga et al as cited in Lara (2013) stated that although anxiety and depression were not significantly associated with underachievement in their study, internalizing problems with somatization and withdrawal were related to underachievement. Some of these behaviors like somatization and withdrawal were related to poor academic achievement in some studies such as Lara (2013) and Robert (2004).

Students with internalizing problems are at risk of academic underachievement. That means poor academic achievement and internalizing behavioral problems has a sort of relation. A study conducted by Costello et al. and Rescorla et al. as cited in Lara, (2013) has found that mood and anxiety disorders have been identified in children and adolescents from 8 to 15 years of age and are experienced more frequently by females. The above reviewed literature didn't indicate the relation between immaturity, difficulty in learning and easily frustrated which are subtypes of internalizing disorder and academic achievement. The present study focused on investigating academic achievement of students with internalizing disorder with these cognitive problems and it also investigate the type of relationship between internalizing disorder and academic achievement.

## **1.2 Statement of the Problem**

Emotional and behavioral disorder is one of the factors affecting academic achievements of students. It is prevalent among children and adolescents. Emotional and behavioral disorder has externalizing and internalizing categories. This disorder is manifested both by male and female students. Male students are tending to show externalizing disorders while females are inclined towards having internalizing disorder. Lara 2013 also explained that internalizing disorder is highly experienced by female and gender can contribute for being at risk of some disorders.

Internalizing disorders which is defined as cognitive problems (difficulty in learning, childish and immature and easily frustrated) in the present study has a potential of affecting academic achievement in Kidus Gabriel Higher Elementary School. Although the potential effects are serious, research in the area of internalizing disorders continues to lag behind than that of other disorders (Twanyea, 2007). However, since 1990's researches have indicated that internalizing

disorders can be associated with different factors like parents, gender and self-esteem (Twanyea, 2007). There is no research conducted regarding internalizing disorder in Kidus Gabriel Higher Elementary school. The present study attempts to investigate the association between internalizing problems and academic achievement at Kidus Gabriel Higher Elementary School.

Externalizing disorder which is one component of emotional and behavioral disorder is the more challenging problem in Kidus Gabriel Higher Elementary School. Male students with this disorder in this school are aggressive, defiant, oppositional, rule breakers, and disrespectful. They disturb in the classroom both their peers and teachers. Some parents are even repeatedly come to the school and discuss on the behaviors of their children which is undesirable. Such students are tending towards achieving poor in their academics. Externalizing disorders which is defined as ADHD, oppositional and hyperactive in this study are associated with academic achievement. Mattison and colleagues as cited in J. Ron et al. (2004) examined the outcomes of a sample of elementary and secondary students with E/BD and reported that less than 60% of children with E/BD experienced academic achievement deficits. No research conducted on this area at Zonal, Woreda and school level. The present study focused on investigating academic achievement of students with externalizing disorders and type of relationship between academic achievement and externalizing disorder.

A study conducted by Tirussew (2005) revealed that the profile of the magnitude of the specific disabilities in Ethiopia of which 2.4% are persons with behavioral problems. Recently, studies were carried out to assess the prevalence of emotional and behavioral disorder in some regional governments. One of the most recent studies conducted by Atalay et al. (2006) in Butajira, southern Ethiopia, using the Diagnostic Interview for Children and Adolescents (DICA) showed

that 3.5% of the children had at least one or more diagnoses of childhood behavioral and emotional disorders.

The above reviewed study didn't indicate the prevalence of emotional and behavioral disorder in schools and its relation to students' academic achievement. This study focuses on identifying the prevalence and investigating academic achievement of students with EBD in Kidus Gabriel Higher Elementary School.

### **1.3 Objectives of the Study**

The general objective of this study was to assess prevalence and academic achievement of students with emotional and behavioral problems in Kidus Gabriel Higher Elementary School. Specifically, the study intended to:

- Identify prevalence of students with EBD in Kidus Gabriel Higher Elementary School.
- Investigate the academic achievement of students with EBD in Kidus Gabriel Higher Elementary School.
- Investigate the type of relationship between EBD and classroom academic achievement in Kidus Gabriel Higher Elementary School.

### **1.4 Basic Research Questions**

The study was intended to answer the following research questions.

1. Does externalizing disorders have a relationship with academic achievement at Kidus Gabriel Higher Elementary School?

2. Does internalizing disorders with cognitive problems have a relationship with academic achievement at Kidus Gabriel Higher Elementary School?
3. Is externalizing disorder is more prevalent in male than in female students at Kidus Gabriel Higher Elementary school?
4. Is there a statistically significant relationship between academic achievement and EBD at Kidus Gabriel Higher Elementary School?

### **1.5 Significance of the Study**

The results of the study can create better awareness for the school teachers so that they can carefully manage the behaviors of students with EBD. It also assists school teachers to identify students with EBD and work to meet their needs. In doing this, the results of this study enable them to design proper intervention programs to improve academic achievements of these students.

In addition, the findings of this study also help school teachers and staff members not to neglect or underestimate students with EBD. Then, it enables school teachers to manage students with emotional and behavioral disorder. Furthermore, the study enables school teachers to know and consider the relationship between academic achievement and EBD in a scientific way that enables them to put their maximum efforts at improving the academic achievements of students with emotional and behavioral disorders.

The results of this study helps the school teachers know the prevalence of students with EBD in their classroom and aware them to be ready in order to welcome these students better than before. It also supports other researchers to conduct similar study and identify the number of

students in their school and investigate their academic achievement. It also paves a way for researchers who want to study behavioral problems and academic achievement of students with emotional and behavioral disorders.

## **1.6. Scope of the Study**

Geographically, the study was delimited to Mettu urban administrative town. There are two private and five governmental higher elementary schools in the town. The study was delimited only to the governmental school. Specifically it was delimited to the Kidus Gabriel Higher Elementary School; grade five to seven students of the academic year of 2006 E.C. More specifically, the study was delimited to identifying the prevalence of students with EBD and its relationship with academic achievements of grade five to seven (5-7) students with EBD at Kidus Gabriel Higher Elementary School.

## **1.7 Limitations**

Conner's teacher rating scale was measuring highly externalizing behaviors. There were only six items set to measure cognitive problems. It measures internalizing disorder through cognitive problem. This may not be sufficient to identify students with internalizing disorders. It affects the findings of the study by reducing the number of students with internalizing disorder. The classroom academic scores in all subjects were taken in order to investigate the academic achievement of students with EBD and correlated to test whether there is statistically significant relationship between the academic achievements and EBD. This was because of lack of academic achievement test developed in our country that can accurately assess academic achievement of students with emotional and behavioral disorders in our country. These students can achieve lower due to different factors. In this manner it may challenge the findings of this study.

## **1.8 Definition of Terms**

*Prevalence:* The total students found having EBD multiplied by hundred divided by total number of students attending grade five to seven (5-7).

*Higher Elementary School:* Refers to first round second cycle from 5-8 grades

*Academic achievement:* Classroom academic scores in all subjects areas in respect of grade level.

*Poor academic achievement:* An average of classroom academic scores which is below fifty (<50)

*Emotional and Behavioral Disorders (EBD):* is disorder having externalizing and internalizing categories and shows state of a student's emotional and behavioral disturbance that interferes with one's learning and academic performance.

*Externalizing disorders:* is defined as a component of ADHD, oppositional and hyperactive disorders.

*Internalizing disorders:* defined as a component of cognitive problem in which a student fails to learn in a normal condition.

## **CHAPTER TWO**

### **2. Review of Related Literature**

#### **2.1. Concept and Definition of EBD**

When we refer to the phrase emotional and behavioral disorder, we are referring to the state of a student's emotional and behavioral disturbance that interferes with one's learning and academic performance. This concept has been defined by many authors and professionals of different disciplines. Therefore, Emotional and Behavioral Disorder (EBD) are a broad category which is used commonly in educational settings, to group a range of more specific perceived difficulties of children and adolescents (Robert et al., 2004).

Many terms are used to describe emotional and behavioral disorders. Currently, students with such disorders are categorized as having an emotional disturbance, which is defined under the Individuals with Disabilities Education Act (IDEA) as follows: ".....a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: an inability to learn that cannot be explained by intellectual, sensory, or health factors, an inability to build or maintain satisfactory interpersonal relationships with peers and teachers, inappropriate types of behavior or feelings under normal circumstances, a general pervasive mood of unhappiness or depression and a tendency to develop physical symptoms or fears associated with personal or school problems.

As defined by IDEA, 1997 an emotional and behavioral disorder is a disorder that highly affects student's educational achievement. Different scholars also define the term emotional and behavioral disorders. However, the concept remains the same as far as the definition concerns

educational settings. For instance, an emotional and behavioral disorder is an emotional disability characterized by the following: an inability to build or maintain satisfactory interpersonal-relationships with peers and/or teachers. For preschool-age children, this would include other care providers, an inability to learn which cannot be adequately explained by intellectual, sensory or health factors, consistent or chronic inappropriate type of behavior or feelings under normal conditions displayed pervasive mood of unhappiness or depression. And displayed tendency to develop physical symptoms, pains or unreasonable fears associated with personal or school problems.

For a student said to be with emotional and behavioral disorder, he she must qualify with the above criteria. The disorder is highly emotion based and manifested in a behavior that enables it to be understood by professionals. A student with EBD is a student who exhibits one or more of the above emotionally based characteristics for sufficient duration, frequency and intensity that it/they interfere(s) significantly with educational performance to the degree that provision of special educational services are necessary. For preschool-age children, these characteristics may appear within the preschool environment or in another setting documented through an extended assessment period. The student's difficulty is emotionally based and cannot be adequately explained by intellectual, cultural, sensory or general health factors retrieved from IBD.

The disorder has its own characteristics that are demonstrated by students with EBD. These characteristics are academic than social or cultural and enables school teachers to critically analyze them and identify a student manifesting these signs as a student with EBD. Emotional and Behavioral Disturbance (EBD) is characterized by a range of behaviors that adversely affect a child's academic performance and cannot be explained by other sensory or health impairments (Robert et al., 2004). Although research has clearly demonstrated that children and youth with

EBD tend to exhibit high rates of problem behavior, research on the characteristics of their academic performance has been less clear (IBD). However, characteristics which identify an individual as having a behavior disorders are demonstrated in a variety of settings, with little consideration or understanding of social or cultural rules.

The following are their academic characteristics that frequently demonstrated in school settings. disrupts classroom activities, impulsive, inattentive, distractible preoccupied, does not follow or appear to care about classroom rules, poor concentration, resistance to change and transitions in routines, often speaks out with irrelevant information or without regard to turn taking rules, demonstrates aggressive behavior, intimidates and bullies other students, regularly absent from school, consistently blames others for their dishonesty, low self esteem, difficulty working in groups, demonstrate self-injurious behavior, cannot apply social rules related to others personal space and belongings and often manipulative of situations.

When a student with emotional and behavioral disorder exhibits symptoms of the disorder, which is understood as maladaptive behaviors in the school we have to suspect that these symptoms are largely academic characteristics. Therefore, if a student demonstrates behaviors listed above they may be considered to have emotional and behavior disorder. In the same way after reflecting these symptoms, if we follow and assess academic performance of such students, we may found that their academic performance will be very low in all subject areas.

Different approaches have been employed in studying maladaptive behaviors and their developmental effects. According to Mark et al. (2001), the most prevalent of these with great advantage is identifying empirically derived broad- (internalizing/ externalizing) and narrow-band (clinical syndromes) dimensions of abnormal behavior by means of continuum scores or

ratings. These approaches are mutually inclusive and comparatively have different advantages. Although these strategies are not mutually exclusive, the dimensional approach has some advantages (Mark et al., 2001). The dimensional approach was found having better advantage in the past studies. They also stated that, it is consistent with persuasive theoretical and empirical arguments favoring dimensional views of psychopathology (Sonuga-Barke, 1998), as well as recent genetic evidence demonstrating that heritability estimates for both internalizing and externalizing problems are constant across levels of severity in the population Deater-Deckard, Reiss, Hetherington, and Plomin, cited in Mark, et al. (2001).

An attempt made to eliminate Emotional and Behavioral disorders in order to bring academic improvements for students with EBD and interventions have been provided in some cases. Vaughn et al. as cited in Anderson, (2001) stated that researchers and educators have attempted to deal with the EBD population by addressing inappropriate social behaviors. This was assumed to increase academic achievement of students with EBD by minimizing socially undesirable behaviors. Anderson, (2001) suggests the logic is that by modifying and reducing the number or intensity of inappropriate behaviors, a student's academic performance should increase.

Most of the interventions were focused on shaping socially undesirable behavior. This was highly focused on externalizing behaviors. Dunlap and Childs, as cited in Anderson, (2001) stated that therefore, most of the interventions for students with EBD have focused on social behavior rather than academic outcomes. Vaughn et al. as cited in Anderson, (2001) indicates that recently, however, there has been a change in philosophy, with emphasis placed on addressing academic deficiencies in an attempt to offset or minimize inappropriate behaviors. Even though an intervention on academic aspect has been getting an emphasis, students with

EBD are still at the risk of achieving less and less from time to time and the number of students with EBD in the same manner has been increasing.

## **2.2 Prevalence of Emotional and Behavioral Disorder**

Students with emotional and behavioral disorders can exist everywhere in any nation and nationalities regardless of ethnic, racial, gender, sex, environment and other factors. According to the National Association of School Psychologists, (2011) 5% of the world population is suffering from ADHD. Similarly, the Centers for Disease Control and Prevention (CDC) in December of (2010) stated that five million children between the ages of three and 17 years old have ADHD (Lara, 2013). Boys are also more than twice as likely as girls to have ADHD. It is much more common than CD or ODD (Lara, 2013).

However, the number of the students with EBD may vary from country to country based on various factors such as socio-economic status of the family, technological advancements, environmental factors, economic levels of countries and others. For instance, there are students with Emotional and Behavior Disorders (EBD) who attained a mere 41.9% of graduation rate in USA (U.S. Department of Education) cited in Ryan et al. (2004). According to research findings this number is increased from the previous one after few years. Hence, in the Twenty-Third Annual Report to Congress it was reported that the total number of children and adolescents diagnosed with EBD has increased (Ryan et al., 2004). Currently, there are approximately 470,000 students identified as having EBD in the United States, which is a 20% increase over the past 10 years (U.S. Department of Education) cited in IBD. This is twice of that of students with EBD in Ethiopia, according to WHO, (1995) (IBD). The number of students with EBD has been

increasing. Despite this increase, Cullinan and Kauffman as cited in (IBD) stated that recent findings have shown that this population continues to be under identified.

These students quit their education and they did not complete even the grades they are expected to complete. For instance, U.S. Department of Education as cited in (IBD) reported that in 1998–1999, 50.6% of students age 14 and older with EBD had dropped out of high school. Not only this, such students engaged in different illegal activities like committing a crime and sent to prisons. Furthermore, it has been estimated that 70% of students with EBD will be arrested within 3 years of leaving school, continuing a pervasive pattern of failure that becomes difficult to correct U.S. Department of Health and Human Services cited in (IBD). That means, certainly, more than half of students with EBD have been committing a crime and experiencing a behavior which is difficult to correct even in prisons.

### **2.2.1. Prevalence of EBD in Ethiopia**

Data pertaining to the incidence, prevalence and the situation of persons with disabilities are fragmentary, incomplete and sometimes misleading (Tirussew, 2005). However, there are materials that give us a hint and tell us the prevalence of individuals with disabilities. According to the report of the housing and population census of the Ethiopian Government (CSA, 1998), the number of persons with disabilities constitutes 1.9% of the population (Tirussew, 2005). On the other hand, the 1995 focused-baseline survey of the persons with disabilities in Ethiopia, the first of its type in the country, revealed that the prevalence of disability is about 2.95% Tirussew et al. cited in (Tirussew, 2005). An attempt was also made to find out prevalence of persons with specific disabilities. The findings revealed that the profile of the magnitude of the specific disabilities in the country of which 2.4% are persons with behavioral problems (IBD). In other

study the prevalence of behavioral disorder was found to be higher than that of reported by Tirussew et al. (1995). For instance, the study which was conducted by Tadesse et al. (1995) between September 1994 and May 1995 in Ambo district, western Ethiopia stated that the prevalence of childhood behavioral disorder in children was found to be 17.7%.

The surveys which were conducted in the country are more confined to some specific disabilities. They also shows age and sex related disorders. For instance, behavioral disorder was found to be more common in boys than in girls and the prevalence increased with age (Tadesse et al., 1995). The most and the least frequent symptoms of emotional and behavioral disorder were also indicated in some studies. The most frequent symptoms reported were headache and nervousness. The least prevalent symptom was stealing things from home (Tadesse et al., 1995). On the contrary, the estimates of the magnitude of persons with disabilities is relatively lower than other previous estimates made in the country including the World Health Organization (WHO) estimation which goes over 10% in developing countries (Tirussew, 2005). There is a gap between estimations and surveys undertaken by different stake holders. The sources of the gap between these estimations may emanate from different sources like methodology, scope and other factors. The gap between the WHO estimation and the low estimation of the sample survey by Tirussew et al. (1995) may be explained by the scope or definition of the target population as well as the socio-cultural factors (Tirussew, 2005). The scope of this survey was limited to children with obvious disabilities such as visual, hearing, motor, speech and language and behavioral problems (Tirussew, 2005). This demonstrates that EBD is one of the obvious disorders in our country.

According to the study conducted by Atalay et al. (2006), the prevalence of childhood disorders in Butajira was reported to be 3.5% while in Addis Ketema the prevalence was 16.5%. In the

child laborers it was 20.1% and in the non-laborers it was 12.5%. They stated that One ILO sponsored Pilot Study done on 1000 children (528 laborers and 472 non-laborers) in Addis Ababa; using DICA gave a prevalence of 20.1% and 12.5 % for one or more psychiatric disorders among child laborers and non-laborers, respectively (Atalay et al., 2006). However, well-designed studies that depict the relationship between psychosocial stressors faced by children and their emotional and other health problems do not exist (Atalay et al., 2006).

Behavioral disorder was reported to be related to different factors. For instance, Age was significantly associated with Attention Deficit Hyperactivity Disorder (ADHD) (Ashanafi et al., 2000). Children between 10-14 years of age had more than three-fold increased risk of ADHD compared to younger children: adjusted odds ratios and 95% confidence interval (OR, 95% CI) = 3.17 (1.16, 8.67),  $p=0.02$  (Ashanafi et al., 2000). Residence areas are also reported to have an association with emotional and behavioral disorder. Urban areas are more related to emotional and behavioral disorder than rural areas. Residence in urban area was also significantly associated with ADHD: adjusted OR (95% CI) = 2.84 (1.14-7.07),  $p=0.03$  (Ashanafi et al., 2000). As age increases disruptive behavioral disorder also increases. Disruptive behavior disorders were significantly associated with increasing age (IBD). The increase in risky behavioral disorder is more statistically significant in 15 years old students than younger than that. As age increased, the risk of behavioral disorder increased and the increase in risk was statistically significant in the 15 year old group when compared to the age group 5–7 years (Tadesse et al., 1995).

In the study it was shown that age and residence in urban areas are significant correlates of behavioral disorders in children. However, sex was not associated with ADHD in the study conducted by Ashanafi et al. (2000). This could be due to the fact that ADHD prevalence is

similar between the sexes in this population (Ashanafi et al., 2000). Some subtype of ADHD in male students may not be demonstrated by many teachers and families. This may be due to parenting style of the families and physical punishments at school. The inattentive subtype of ADHD in boys may not be easily recognized by parents or teachers as a result of a restrictive and punitive environment both at home and the school those may also discourage expression of impulsive behavior among ADHD children (IBD). ADHD was more related to urban residence areas than that of rural. We have also reported an association of residence in urban areas and ADHD (Ashanafi et al., 2000).

### **2.3 Academic Performances of Students with EBD**

Students with emotional and behavioral disorders have low academic performance. Even they have academic deficiencies on day to day classroom academic activities. Individuals with Disabilities Education Act (IDEA, 1997) as cited in Ryan et al. (2004) stated that students with EBD experience academic deficiencies. These students perform lower both in elementary and high schools. Researchers have shown that students with EBD perform 1.2 to 2 grade levels behind their peers while in elementary school and that this discrepancy worsens with age (Ryan, et al., 2004).

As they increase in age the severity of this disorder also become increasing. Coutinho, (1986) as cited in (IBD) stated that by the time these students reach high school, they are performing almost 3.5 grade levels below their peers. In contrast, very few of them are performing at an average level when compared to their peers in any academic areas. Less than one third of students with EBD function at or above grade level in any academic area (Coutinho et al. 1989)

cited in (IBD). That means almost all students with emotional and behavioral disorder are performing at a very low level in all academic areas.

This shows that they even can meet the criteria set for students with learning disabilities. This is not surprising given that more than 50% of students with EBD may also meet one or more of the eligibility criteria for a learning disability (Glassberg, Hooper, and Mattison, 1999) cited in (IBD). This is not to mean that all students with emotional and behavioral disorders can also have learning difficulties. They are highly affected in performance on academic activities than students with specific learning disorders.

Students with EBD have a problem on understanding and using basic academic skills. Gunter and Denny, (1998) as cited in Ryan et al. (2004) also reported that children with EBD are at high risk of failing to master basic academic skills that are essential for later functioning. Therefore, these students have serious academic problems in all basic academic skills. As a result of these, students with EBD are forced to abstain from continuing their education by experiencing frequent failure in education. According to Locke and Fuchs, (1995) and Wagner, 1995) cited in Ryan, et al. (2004) academic difficulties frequently include low or failing grades, high retention rates, and an increased likelihood of dropping out.

Very low academic performance of students with emotional and behavioral disorders also results in other problems. Studies also found that poor academic performance is frequently related to other negative consequences, including failing grades, high dropout rates, and increased delinquency (McEvoy and Welker, 2000) cited in (IBD). These students are also a victim of social maladjustment and poor relationship in their later social life. Falk and Wehby (2001) as cited in Ryan et al. (2004) also reported that, overall, the long-term prognosis and adult

adjustment for these students is extremely poor. Students with emotional and behavioral disorders are at the risk of many factors not only at the risk of poor academic performance.

Students with emotional and behavioral disorders manifests characteristics that are difficult to explain in relation to any factors related to their intelligence, health, sensory and other visible and invisible disorders. Emotional/behavioral disturbance (EBD) is characterized by a range of problems that adversely affect a child's academic performance and cannot be explained by intellectual, sensory, or other health factors (Individuals with Disabilities Education Act, 1997) cited in Ryan et al. (2004).

#### **2.4 The Relationship between EBD and Academic Achievement**

Students with emotional and behavioral disorders have poor academic achievement. Studies also reported that the academic achievements of these students are very poor. For example, Mattison and colleagues as cited in J. Ron et al. (2004) examined the outcomes of a sample of elementary and secondary students with E/BD and reported that less than 60% of children with E/BD experienced academic achievement deficits. As they have poor performance on day to day academic performances, they also have poor academic achievement. These students have deficits in academic achievement (J. Ron et al., 2004).

Students with emotional and behavioral disorders demonstrate behaviors that hinder their academic progress. Their behaviors even make them unable to live satisfactory social life. These behaviors can include a number of internalizing and externalizing characteristics that inhibit a child's ability to build and maintain successful social relationships with peers, teachers, and adults (Robert et al., 2004). Because of their behaviors are so disruptive and irritating, these children often arouse negative feelings in others, alienating schoolmates and adults and

ultimately robbing these children of the benefits of learning opportunities Kauffman cited in Robert et al. (2004). Whether students with EBD are male or female, it will affect their academic achievement. Inevitably, these behaviors significantly impair a child's ability to succeed in school and in society (Robert et al., 2004).

Students with emotional and behavioral disorders are facing lack of skills both at schools that have been impairing their academic achievement and social skills that have been hindering their social life in the society in which they live after they drop out their schooling. Exacerbating the situation is that when students with EBD drop out of school, they often lack the social skills and cognitive abilities required to successfully gain and maintain employment, as reflected by their post school unemployment rate of 52% 4 years after leaving high school (Amico and Marder) cited in Ryan et a. (2004). According to these researchers, more than half of students with EBD are unemployed and this unemployment rate is increasing since the numbers of students with EBD are increasing from time to time.

There is a discrepancy among research findings in that it identifies these students manifests high rates of problematic behaviors in schools and it doesn't certainly reports academic characteristics. Data on identification, academic outcomes, graduation rates, absenteeism, employment status, and criminality among children and youth with EBD has suggested that educating them is a complex, confusing, and often daunting task for educators, related services personnel, and family members alike (Smith and Coutinho) cited in Robert et al. (2004).

More specifically, the preponderance of studies on academic performance have indicated that students with EBD perform 1 to 2 years below grade level (Trout, Nordness, and Epstein), with academic difficulties emerging at an early age and persisting throughout their schooling

(Coutinho, Rosenblatt and Wagner) cited in Robert et al. (2004). Emotional and behavioral disorders emerge in early ages at a level where students are expected to master basic academic skills and persist as their age increases. It also becomes worse in that it impairs both academic achievement and social skills.

Students with emotional and behavioral disorder have low academic achievement. This shows that there is a relation between academic achievement and emotional and behavioral disorder. Studies also stated that low academic performance and maladaptive behavior patterns are highly related (Robert et al., 2004). These maladaptive behaviors rooted early in life and become persistent over time so that it will results in school failures. Evidence suggests that a reciprocal relationship between school failure and social failure emerges early in life (Brier and Kauffman) although the mechanism of the relationship is unknown cited in (Robert et al., 2004). The presence of relationship between academic achievement and EBD is real. Nevertheless, the mechanism of their relationship is not surely known. Literatures also depicted that even though, the mechanism of relationship is uncertain, the existence of relationship between academic achievement and EBD is real (Robert et al., 2004). The prevalence of academic difficulties among children with EBD is uncertain (Robert et al., 2004). On the other hand, Ruhl and Berlinghoff suggested that between 33% and 81% of children with behavioral disorders have academic difficulties cited in (Robert et al., 2004).

Whenever there are emotional and behavioral disorders, there is a low achievement in all academic areas. That means there is a kind of relationship between EBD and low academic achievement. A causal relationship between behavioral problems and academic underachievement, however, has yet to be determined (Hinshaw, 1992). Nonetheless, researchers have demonstrated that academic failure is one of the most powerful predictors of problem

behavior and social failure (Maguin and Loeber, Morrison and Incau) cited in Robert et al. (2004). That means emotional and behavioral disorders have an association with low academic achievement and social skill failures. Hence, there is a relationship among low academic achievement and emotional and behavioral disorder.

Similarly, Gottfredson, Gottfredson, and Skroban as cited in Robert et al. (2004) have also stated that academic success is associated with a decrease in problem behavior. That means where there are no emotional and behavioral disorders; there is better academic achievement, since there are no obstacles rather there are facilitating situations. However, students with emotional and behavioral disorders have low academic achievement while students without emotional and behavioral disorders have better academic achievement. Hence, there is a relationship between low academic achievement and EBD. Mingyue et al. as cited in Lara, (2013) reported that correlational studies between the Child Behavior Checklist and academic achievement revealed negative relationships between behavior problems and academic achievement.

#### **2.4.1 Internalizing Disorders and Academic Achievement**

Internalizing disorders are inner directed problems including some cognitive problems. Studies also defined it as an overcontrol of emotions including social withdrawal, demand for attention, feelings of worthlessness or inferiority, and dependency (Achenbach, Edelbrock, McCulloch, Wiggins, Joshi, and Sachdev) cited in Katarina et al. (2007). Human beings due to some factors may be susceptible for a kind of impacts. Certain factors can also put some individuals at a risk of some disorders. Literature shows that, since the 1980`s, studies have identified that certain factors such as gender, put some individuals at a high risk of developing internalizing disorders (Twanyea, 2007). Various studies then specifically identified gender difference for being at risk of some disorders. Specifically, many studies indicate that girls are far more likely to develop

internalizing disorders than boys (Leadbeater, Blatt, Quilan, Crawford et al., Kubit et al., Jose and Ratcliff, Ronnlund and Karlsson) cited in Twanyea, (2007). Furthermore, Lara (2013) found that gender contributes to prevalence of internalizing problems. Bolle et al. and Friedrich et al. as cited in Lara, (2013) females are more likely than males to experience depression and anxiety

Internalizing disorders can be related to developmental trends. Mark et al. (2001) states reviews indicate that rates of internalizing problems are subject to developmental trends. The disorder increases with the developmental functions of human beings. They also found that they increase as a function of age and place affected children at risk for a variety of later difficulties. These include learning problems, academic underachievement, conduct problems, and deficient social problem-solving skills (Mark et al., 2001). Internalizing disorder will have an impact on later progress of an individual learning, academic achievement, social well-being and others. Two developmental pathways linking behavior problems associated with the internalizing dimension to later scholastic achievement are suggested by the literature. The first of these involves classroom performance (Mark et al., 2001). (Brumback, Dietz, and Weinberg, Hodges and Plow,) as cited in Mark et al, (2001) also found that moderate to strong correlations between internalizing behavior problems in children and daily classroom performance have been reported

Internalizing behavioral problems also have a relation with academic underachievement. Ollendick and King as cited in Lara, (2013) stated that internalizing problems are described as problematic internal feelings associated with anxiety, fear, shyness, low self-esteem, sadness, and depression. Internalizing problems with somatization and withdrawal were related to academic underachievement (Lara, 2013). Somatization is another component of internalizing problems. It is the complaint of physical problems without any apparent cause, typically in

response to psychological difficulties (Reynolds and Kaufman) cited in Lara, (2013). Researchers found that there is a relation among somatic problems and poor academic achievement. According to Hughes et al. as cited in Lara, (2013) somatic complaints in children predict poorer academic achievement as rated by classroom teachers. Barriga et al. as cited in Lara, (2013) also stated that somatic complaints were significantly related to underachievement as measured by the Wide Range Achievement Test.

Mood and anxiety disorders are other types of internalizing problems. It is overwhelmingly experienced by females than male students. Mood and anxiety disorders have been identified in children and adolescents from eight to 15 years of age and are experienced more frequently by females, while males are more likely to exhibit externalizing disorders (Costello et al. and Rescorla et al.) cited in Lara, (2013).

Many studies found that internalizing disorders with cognitive problems have a relation with academic achievement. For instance, in a study conducted by Twanyea, (2007) results indicate that internalizing behavior defined as anxiety, depression, and withdrawal contributed significantly to the prediction of classroom performance. Students with internalizing disorder with cognitive problem are inclined towards having poor academic achievement. A study conducted by Mark et al. (2001) also found that internalizing behavior problems are associated with risk for impaired classroom performance and concentration or memory difficulties, which, over time, are presumed to adversely affect children's long-term academic achievement. That means cognitive ability has an impact on the benefit that these students will gain from education. Further, cognitive ability has been shown to strongly influence the extent to which students benefit from formal instruction. That is, learning difficulties increase and the rate of learning

slows inversely proportional to cognitive ability (Smith et al., 2011). Poor outcomes such as academic failure have all been linked to internalizing problems (Twanyea, 2007).

Internalizing disorders can also related to experiencing negative life events. This in turn may lead to other cognitive problems. The findings suggest that when experiencing adverse life events, children develop cognitive vulnerabilities for internalizing problems such as external locus of control and threat perception bias (Weili et al., 2013). They also found that developing threat perception bias in particular, not an external locus of control facilitates the development of childhood internalizing problems when experiencing adverse or negative life events. Literature and stated that there are factors those help to develop beliefs around internal or external disorders in children and youth. In the context of the existing literature, this study suggests that life events, in addition to other factors such as age and academic achievements, may help to establish beliefs around internal/external control among youths (Weili et al., 2013).

#### **2.4.2 Externalizing Disorders and Academic Achievement**

Emotional and behavioral disorder can have externalizing characters which can be observed while it has been manifested. Majority of students with emotional and behavioral disorders are male students. Most of the time male students with emotional and behavioral disorders tend to manifest externalizing behaviors. Children and adolescents with EBD are overwhelmingly male, behaviorally disruptive, noncompliant, verbally abusive, and aggressive (Robert et al., 2004). Reynolds and Kamphaus as cited in Lara, (2013) define externalizing problems as a combination of hyperactivity, aggression and conduct problems. Similarly, Mark et al. (2001) stated that externalizing behavior problems are characterized by difficulties with attention, aggression, conduct, and under socialization. Different scholars state it almost in the same way. For instance,

Achenbach, Edelbrock, and Hinshaw, as cited in Katarina et al. (2007) it is explained as behaviors characterized by an under control of emotions include difficulties with interpersonal relationships and rule breaking as well as displays of irritability and belligerence.

Students with externalizing disorders engaged in destruction of properties, violations of school rules and human rights. Study conducted by Lara, (2013) also stated that externalizing problems are disruptive to both peers and adults and can lead to problems with peers. Hinshaw (1992) also stated findings suggest that early underachievement is causally related to subsequent antisocial activity. These students may experience a loss of motivation for academic work and be more inclined towards substance abuse and school dropout. Breslau et al. and Arnold as cited in NASP, (2011) stated that when children or adolescents are unable to behave appropriately in the classroom, they may be removed from the activity.

Externalizing disorder is perceived as maladaptive and undesirable behaviors in school. Students with this problem will face lack of adjustment in later life and are at risk of poor academic achievement. Behavior problems are also an important predictor of maladjustment in later life (Katarina et al., 2007). Long term relation may exist between externalizing disorders and other factors including poor academic achievement. Researchers also stress that such association is prevalent. For example, King et al. (2004) found that long-term associations exist between childhood externalizing behavior problems and ... antisocial outcomes (Lynam and Moffitt) underachievement (Hinshaw) and lower graduation rates from high school cited in Katarina et al. (2007).

Studies stressed that externalizing disorders are related to poor academic achievement. Externalizing behavior can leads to academic underachievement (Hinshaw, 1992). He also stated

that reports seemed to favor the externalizing behavior predicts underachievement. Poor academic performance has been associated with an increase in social and behavioral problems (Shannon et al., 2010). Specifically, each types of externalizing disorder have its own relation with academic underachievement. Attention deficit hyperactivity disorder (ADHD) which is categorized as externalizing disorder, has a relation with poor academic achievement. Studies also recognizes that the core symptoms of ADHD, including both inattention and hyperactivity, are neurobiological in nature, and have the potential to adversely affect a child's educational performance as well as social-emotional development (Barkley) cited in National Association of School Psychologists, (2011). Students with attention problems (AP) are at risk of academic underachievement (AA). Evidence also suggests that children with AP are at risk for lower AA and subsequent adverse outcomes later in life (Polderman et al., 2010). This low academic achievement will have another persistent effect on later life. Researchers also stated that attention problems (i.e. symptoms of hyperactivity and inattentiveness) predict academic problems, varying from grade repetition and need for special education, to lower scores on achievement tests (Polderman et al., 2010).

Similarly, studies stated that there is a relation between attention problems which is a component of ADHD and academic achievement. The review of literatures presents evidence for a negative prospective relation between AP and AA (Polderman et al., 2010). There is a strong relation between Ap and AA. In this regard, they also found that the strongest relation was present for the inattentive symptoms of ADHD and AA. Academic achievement and inattentive symptoms of ADHD are highly related. In their 4-year-follow-up study, Polderman et al. (2010) did find a significant relation between AA and hyperactivity. ADHD can co-occur with other disorders. For instance, (Polderman et al. as cited in Lara, (2013) also found that often 60% of children with

ADHD have oppositional disorder (ODD), 15% has conduct disorder (CD), and about 30% show mood and anxiety disorders. The co-occurrence of these disorders with ADHD will worsen the academic achievement of students with ADHD. If ADHD is prevalent with oppositional defiant disorder, then they will highly influence academic achievement. The findings of study conducted by Polderman, et al. (2010) also stressed that especially, the highly prevalent co-occurrence with ODD, with symptoms of impatience and low frustration tolerance, might have an important influence on achievement skills. This disorder will heighten being risk for poor academic achievement. Students with ADHD have executive functioning problem. Moreover, impaired executive functioning is reported in children with CD and ODD, increasing the risk of academic underachievement (Polderman et al. 2010). Conduct disorder and oppositional disorder if appear together can impair the executive functioning which later will influence academic achievement. Studies argued that ADHD and academic achievement are highly correlated. Polderman et al. (2010) also concluded that based on calculated effect sizes of all relevant studies published between 1990 and 2006; they determined the strength of the association between ADHD and academic achievement (AA).

Literatures argued that externalizing disorders and poor academic achievement has significant association. The findings of studies stressed that the path among externalizing disorder and academic achievement were near to significant than insignificant and negative correlations was found between externalizing disorder and academic achievement. For instance, NASP, (2011) stated that some of the paths between externalizing and academic achievement were close to significant with relatively large standardized coefficients and found a negative correlation between externalizing and academic achievement. Academic achievement and externalizing disorders were already associated and they were negatively correlated. Similarly, it was reported

in a study conducted by Ann et al. (2005) that externalizing and academic domains were already associated and this concurrent correlation could reflect transactional or unidirectional influences. The negative correlation between externalizing disorder and academic achievement shows unidirectional impact. That means academic achievement and externalizing disorder were significantly correlated.

## **CHAPTER THREE**

### **3. Research Methodology**

#### **3.1. Research Design**

For the purpose of present study descriptive survey research design was used. Students with emotional and behavioral disorder were identified using conner`s teacher rating scale. Pearson product Moment Correlation Coefficient was employed to see the type of relationship between emotional and behavioral disorder.

#### **3.2. Target Population**

The populations of the study were grade 5-7 students and their teachers found in Kidus Gabriel Higher Elementary Schools of Mettu administrative town. There were 25 teachers teaching in grades five to seven, and 250 males and 270 female students. The total population was 545.

#### **3.3 Sample and Sampling Techniques**

The target school was selected purposefully based on accessibility to my work place and residence area. From 25 teachers thirteen (13) teachers were selected purposively. These 13 teachers were selected because of their daily contact with the selected grade levels. Among these six of them were homeroom teachers of grade 5-7, six of them were those who teaches many of the classes and one teacher was special needs education teacher. There were 4 teachers teaching in grades 5 and 6; and 2 teachers teaching in grade 7 of both section. Each grade level consists of two sections.

Students with emotional and behavioral disorder were selected based on non participatory observation conducted by the collaboration of sample teachers with the special education teacher

the researcher. Students identified having emotional and behavioral disorders by using conner`s teacher rating scale were sixty (60) in numbers. The conner`s teacher rating scale (CTRS) was completed by teacher participants. From a 60 scales completed by participating teachers, 58 were found to fulfill the manual criteria set for the scale. Therefore, 96.7% of the scale was completed correctly. The scores of each student in Conners` Teacher rating scale was converted in to T-score and presented in the following table using frequency. From a 58 students with EBD were identified. Twenty two (22) students were from grade five, twenty (20) students were from grade six and sixteen (16) students were from grade seven. Among 58 students with EBD identified, five of them were females and fifty three (53) males. These students were identified by scoring above forty (>40) on the Conner`s teacher rating scale as completed by the sample teachers.

**Table 3. 3** A frequency summary of Scores obtained in the Conners` Teacher Rating Scale.

No.	variation of scores	Oppositional	Hyperactive	Cognitive	ADHD
		Numbers	Numbers	Numbers	Numbers
1	40-49	-	-	-	-
2	50-59	12	8	-	5
3	60-69	7	7	5	7
4	70-100	-	1	-	6
Mean		59.57	59.9	64.24	65.21
SD		5.18	6.03	2.23	7.63
<b>percentage</b>		<b>32.75%</b>	<b>27.58%</b>	<b>8.62</b>	<b>31.03</b>

*Note:* The subscales of Conner`s teacher rating scale (CTRS) are presented in the horizontal rows while the T-score of the rating scale for each students with EBD as completed by teachers was presented in the vertical columns using frequency. Each column represents the 58 students with

EBD. In such a manner, the first column represents 19 students with oppositional disorder, the second column represents 16 students with hyperactive disorder; the third column represents 5 students with cognitive problems and the fourth column represents 18 students with ADHD.

From the total 520 students attending Kidus Gabriel Higher Elementary School, 58 of them i.e. 5 females and 53 males are with EBD. They are accounted to 11.15% of the total students in the school. The mean of academic achievement of students with externalizing disorder were 48.31 and 46.98 for both first and second semester of the year 2006 E.C.

### **3.4. Sources of Data**

#### **3.4.1. Primary Sources**

In order to collect valid data for the study, data collected from students with EBD using CTRS-28, which was completed by their teachers by observing and rating their behavior in classroom was used as a primary data.

#### **3.4.2 Secondary Sources**

In any study, it is essential to collect different data both from primary and secondary sources. Hence, documents (i.e. academic results of the year 2006 first and second semester was used).

### **3.5. Instruments of Data Collection**

#### **3.5.1 Observation**

Non-participatory observation was used to identify students with EBD during teaching and learning is on progress and in the school compound while playing with their peers as a supplementary method. The participant teachers observed and complete the Conner's teacher

rating scale focusing on how their students were behaving while they were teaching and the social life of their students particularly within the school compound as they have did at the beginning with the researcher.

### **3.5.2. Conner's Rating Scale**

The Conner's Teacher Rating Scale (CTRS) was used to identify students with emotional and behavioral disorder. This rating scale was selected because of a number of reasons.(1) it is simple and inexpensive checklist format; (2) it is sensitive to treatment effects; (3) measurements taken in the child's natural environment and not in an atypical clinic environment where observed behaviors may be unrepresentative; and (4) ratings are made by the child's teacher, who has the opportunity to continuously sample behavior and compare it with similar aged children in different settings and with different tasks.

Frequency of behavior is determined according to the following descriptors: NOT TRUE AT ALL (Never, Seldom); JUST A LITTLE TRUE (Occasionally), (PRETTY MUCH TRUE (Often, Quite a Bit); VERY MUCH TRUE (Very Often, Very Frequent). The CTRS- contains an Oppositional subscale (6 items), a Hyperactivity subscales (6 items), a Cognitive Problems subscale (6 items) and an ADHD Index (10 items). These items measure the frequency of behaviors as observed by a teacher during the past month. Internal consistency of factors ranged from .87 to .94 (Erford, 1995). The CTRS measures oppositional, hyperactivity, cognitive and ADHD demonstrating good internal consistency as indicated by Crombach's Alpha coefficient of .95 and .90 respectively (Erford, 1995). The reliability of Conner's teacher rating scale was checked in the study site using split half method and it was ranged from .85 to 89.

### **3.5.3 Document Analysis**

This instrument was used to assess the academic achievements of students with emotional and behavioral disorder of both first and second semester of 2006 academic year. The document analysis was used to investigate academic achievement of each student with emotional and behavioral disorder. Since it helps to get insight regarding academic achievement of students with EBD, it was used to analyze how these students have been performing very recently. Accordingly, the 2006 academic year of first and second semester achievement was taken through document analysis procedure.

### **3.6 Procedures of Data Collection**

First of all, the researcher contacted the school principal and the vice director of the school and communicated with them about my study and reached at a consensus regarding the importance of studying problems of students with EBD and their academic achievement.

Then short orientation was given for participant teachers regarding how to complete the Conner`s Teacher Rating Scale. They were reminded that biases need to be avoided, procedures need to be followed, and they can be debriefed if they were not interested. The instructions were clear and easy to follow.

The CTRS generally requires only 10-15 minutes to complete, but may take longer for respondents whose native language is not English, or those with psychiatric or reading problems (Zental & Barack, 1979). Therefore, the researcher have translated these items in to Afaan Oromoo in collaboration with SNE teacher working in Kidus Gabriel higher Elementary School

after giving a short training for him to make it easier for participant teachers to complete the scale very easily and accurately.

The participants included were 60 students and 13 teachers. The age of student ranges from 12 to 18. The Conner`s teacher rating scale (CTRS) consisting of 28 items measuring Oppositional subscale (6 items), a Hyperactivity subscales (6 items), a Cognitive Problems subscale (6 items) and an ADHD Index (10 items) was employed. This rating scale contains a Likert scale format to rate emotional and behavioral disorder of students represented by 0 = NOT TRUE AT ALL, 1 = JUST A LITTLE TRUE, 2 = PRETTY MUCH TRUE and 3 = VERY MUCH TRUE. Problem Scale T-scores of 70 and above are labeled as Markedly typical, scores of 60 to 69 are moderately typical, scores of 50 to 59 are typical and scores of 40-49 are in the slightly typical.

### **3.7 Data Analysis Procedures**

After the data collection was over, data obtained through different tools was triangulated and Conner`s rating scale which were not completed properly were discarded. Data were organized and coded. The score of students on the Conner`s rating scale completed by teachers were converted in to T-score to avoid negative numbers and to standardize the scores and then compared with the manual. These data were presented using table of frequency.

The scores of the scale were recorded and kept separately. Document analysis was used to investigate the academic achievement of students with problem behaviors. Pearson Moment correlation coefficient was used to test the relationship between problem behaviors and academic achievement of students with the problem behaviors.

## CHAPTER FOUR

### 4. Results and Discussions

#### 4.1 . Results

The prevalence of emotional and behavioral disorder in Kidus Gabriel Higher Elementary School was 11.15%. Table 3.3 shows among 58 students found having emotional and behavioral disorders, five of them were female students with were labeled as moderately typical on CTRS. The mean of their classroom academic achievement were 53.34 and 51.27 in the first and second semester of the year 2006 E.C. respectively.

Among 58 students found having EBD, fifty three (53) were male students. Among 53 male students, 19 students or 32.75% were students with oppositional, 18 students or 31.03% were students with ADHD, 16 students or 27.58% were students with hyperactive and 5 students or 8.62% were students with cognitive disorder respectively. Totally, male students with EBD were 91.37% in this study as table 3.3. depicts.

The total classroom academic achievements of students with EBD and without EBD were taken by document analysis. The average scores of classroom academic achievements were taken to ensure the confidentiality of the data. The mean of classroom academic achievements of students with EBD in first and second semester were (48.4 and 46.3, 49.27 and 48.13, and 47.32 and 46.53) for students with oppositional disorder, hyperactive disorder, and ADHD respectively. Among the 16 students with hyperactive disorder, one student was found having 82.1 and 80.1 classroom academic achievement in first second semester respectively Pearson product-moment correlation coefficient was used to test the strength of their relationship. Then it was correlated and there were a statistically significant relationship ( $r = -.96$ ,  $r = -.19$ , and  $r = -1.00$ ) at 0.05

significant level between academic achievement and externalizing disorder as shown in table 4.1.1. below.

**Table 4.1.1** A summary of correlations, for scores on CTRS-28 and Academic Achievements of students with EBD.

	AA
ADHD	-.96
Hyperactive	-.19
Oppositional	- 1.00

*Note:* The first column represents subscales of externalizing disorder and the second column shows type of correlations between externalizing disorder and academic achievement at 0.05 significant level.

AA – Academic achievement of students with externalizing disorder.

**Table 4.1.2** A summary of means, and standard deviations for scores on CTRS-28 and Academic Achievements of students with and EBD.

Variables	M	SD
ADHD	65.21	7.63
Hyperactive	59.9	6.03
Oppositional	59.57	5.18

*Note:* The first column shows subtypes of externalizing disorders, the second column shows the mean scores of Conner`s teacher rating scale on each subtypes of externalizing disorder, and the third column shows the standard deviation of each subtypes of externalizing disorder.

## 4.2 Discussions

Based on the objectives of the study, four (4) basic research questions were posed and answered.

**Research question 1.** Does externalizing disorders have a relationship with academic achievement at Kidus Gabriel Higher Elementary School?

From the total 520 students attending Kidus Gabriel Higher Elementary School, 58 of them i.e. 5 females and 53 males are with EBD. They are accounted to 11.15% of the total students in the school. According to the report of the housing and population census of the Ethiopian Government CSA, the number of persons with disabilities constitutes 1.9% of the population (Tirussew, 2005). A study conducted by Tirussew (2005) further revealed that the profile of the magnitude of the specific disabilities in the country of which 2.4% are persons with behavioral problems. One of the most recent studies conducted in Butajira, southern Ethiopia, using the Diagnostic Interview for Children and Adolescents (DICA) showed that 3.5% of the children had at least one or more diagnoses of childhood behavioral and emotional disorders (Atalay et al., 2006). According to this study, the prevalence of childhood disorders in Butajira was reported to be 3.5% while in Addis Ketema the prevalence was 16.5%. In the child laborers it was 20.1% and in the non-laborers it was 12.5%. From the total 520 students attending Kidus Gabriel Higher Elementary School, 58 of them i.e. 5 females and 53 males are with EBD. They are accounted to 11.5% of the total students in the school. The study which was conducted by Tadesse et al. 1995, between September 1994 and May 1995 in Ambo district, western Ethiopia stated that the prevalence of childhood behavioral disorder in children was found to be 17.7%. Hence, the first objective of the study was achieved.

The average score of classroom academic achievement of students with externalizing disorder were 48.31 and 46.98 for both first and second semester of the year 2006 E.C., which shows a

decrease by 1.33 of mean. Except the five female students qualifies for the cognitive subscale of Conner`s teacher rating scale, the rest fifty three male students were identified with externalizing problems on CTRS. Among the 53 male students identified having EBD on the Conner`s teacher rating scale, only one student who was in grade five found having a classroom academic achievement of 82.1 and 80.1 at first second semester respectively. This finding was partially contradictory with the first research question.

This contradictory finding is similar to the findings in the literatures. Less than one third of students with EBD function at or above grade level in any academic area (Coutinho et al.) cited in (Ryan et al., 2004). The correlation between externalizing behavioral patterns and academic achievements of these students was  $r = -.96$ ,  $r = -.19$  and  $r = -1.00$  at 0.05 significance level. There was statistically significant relationship between externalizing behavioral patterns and academic achievement of students with EBD. Hence, generally externalizing behavioral patterns were highly associated with classroom academic achievement in Kidus Gabriel Higher Elementary school. King et al. (2004) found that long-term associations exist between childhood externalizing behavior problems and ... antisocial outcomes (Lynam & Moffitt), underachievement (Hinshaw), and lower graduation rates from high school cited in Katarina et al. (2007).

Students with ADHD have found having poor classroom academic achievement in this study. Mark et al. (2001) stated that externalizing behavior problems are characterized by difficulties with attention, aggression, conduct. ADHD can co-occur with other disorders and can be associated with poor academic achievement. For instance, Polderman et al. (2010) found that often; 60% of children with ADHD also have oppositional disorder (ODD), 15% has conduct disorder (CD), and about 30% show mood and anxiety disorders. The co-occurrence of these

disorders with ADHD will worsen the academic achievement of students with ADHD. Polderman et al. (2010) as cited in Lara, (2013) also states that, especially the highly prevalent co-occurrence with ODD, with symptoms of impatience and low frustration tolerance, might have an important influence on achievement skills. These all disorders will heighten being risk of poor academic achievement.

The review of literatures presents evidence for a negative prospective relation between AP and AA (Polderman et al., 2010). They found that there is a strong relation between Ap and AA. Study conducted by Polderman et al. (2010) also found that the strongest relation was present for the inattentive symptoms of ADHD. In the present study the relation between ADHD and classroom academic achievement was  $r = -.96$  at 0.05 significant level. The finding of the present study is also similar with the findings in the literatures. Similarly, in their 4-year-follow-up study they did find a significant relation between AA performance and hyperactivity. Students with attention problems (AP) are at risk of academic underachievement (AA). Table 4.1.1. also shows that there was strong relation between externalizing disorder and academic achievement. Hence, it was found that there was statistically significant relation  $r = -.19$  and  $r = -1.00$  at 0.05 significant level between hyperactive and oppositional defiant disorder respectively. This implies that emotional and behavioral disorder is one of the factor that hindering classroom academic achievements of students. It also implies that

Evidence also suggests that children with AP are at risk for lower AA and subsequent adverse outcomes later in life (Polderman et al. 2010). Similarly, students with externalizing disorder are at high risk of academic achievement. This low academic achievement will have another persistent effect on later life. Researchers also states that attention problems (i.e. symptoms of

hyperactivity and inattentiveness) predict academic problems, varying from grade repetition and need for special education, to lower scores on achievement (Polderman et al., 2010).

Externalizing disorder inhibits them from mastering necessary academic skill. Hyperactive behavior is understood by school teachers as maladaptive behavior. A study conducted by Robert et al. (2004) found that low academic performance and maladaptive behavior patterns are highly related. Similarly, students with externalizing disorder have been engaged in many undesirable activities in the target school in addition to having poor academic achievement.

Students with externalizing problems engaged in destruction of properties, violations of school rules and human rights. Study conducted by Lara, (2013) also stated that externalizing problems are disruptive to both peers and adults and can lead to problems with peers. In this study, as I was able to observe, students with externalizing disorder manifests highly rule breaking, disrespectfulness, disobedience, highly quarrelsome and many of antisocial behaviors. They also show very low interest for education. Behaviors characterized by an undercontrol of emotions include difficulties with interpersonal relationships and rule breaking as well as displays of irritability and belligerence (Achenbach, Edelbrock and Hinshaw), cited in Katarina et al. (2007).

Students with externalizing problems may experience a loss of motivation for academic work and be more inclined towards substance abuse and school dropout. (Breslau et al. and Arnold) as cited in National Association of School Psychologists, (2011) found when children or adolescents are unable to behave appropriately in the classroom; they may be removed from the activity. A study conducted by Barriga et al. as cited in Lara, (2013) found aggression and delinquency behaviors were associated with academic underachievement.

Literatures argued that externalizing disorders and poor academic achievement has significant association. For instance, NASP (2011) stated that some of the paths between externalizing and academic achievement were close to significant with relatively large standardized coefficients and found a negative correlation between externalizing and academic achievement. Academic achievement and externalizing disorders are negatively correlated. Similarly, externalizing and academic domains were already associated and this concurrent correlation could reflect transactional or unidirectional influences (Ann et al., 2005 P).

Similar to literatures, students with externalizing problems found having poor academic achievement in this study. Hence, as it was shown in table 4.1.1, externalizing disorder has relationship with poor classroom academic achievement at Kidus Gabriel Higher Elementary School. Hinshaw, (1992) stated that reports seemed to favor the externalizing behavior predicts underachievement. These imply that classroom academic achievement deficit is due to externalizing disorder which is understood as maladaptive behavior by school teachers.

**Research question 2.** Does internalizing disorders with cognitive problems have a relationship with academic achievement at Kidus Gabriel Higher Elementary School?

The five female students found having internalizing disorder have 64.24 mean score with 2.23 of standard deviation as table 3.3 depicts. The average score of classroom academic achievement of each student with internalizing disorder were 53.34 and 51.27 in the first and second semester of the year 2006 E.C. respectively. There was a decrease in achievement by 2.07 mean.

The finding of this study is controversial regarding internalizing disorder. Students found having internalizing disorder were female students. In this respect, the finding of the present study is similar with findings in the literature. For instance, Studies shows that, since the 1980`s, studies

have identified that certain factors such as gender, put some individuals at a high risk of developing internalizing disorders (Twanyea, 2007). Various studies then specifically identified gender difference at being the risk of some disorders. Accordingly, many studies indicate that girls are far more likely to develop internalizing disorders than boys (Leadbeater, Blatt and Quilan; Crawford, Cohen, Midlarsky, and Brook; Kubit et al.; Jose and Ratcliff; Ronnlund and Karlsson) cited in Twanyea, (2007). On the other hand, these students were found having better classroom academic achievement even than that of students with externalizing disorder. This is contradictory with the findings in the literature. For instance, a study conducted by Mark et al. found that internalizing behavior problems are associated with risk for impaired classroom performance and concentration or memory difficulties, which, over time, are presumed to adversely affect children's long-term academic achievement. Their classroom academic achievement were greater than an average in both semester even though it shows a decrease by 2.07 of mean. Twanyea, (2007) also stated that poor outcomes such as academic failure...have all been linked to internalizing problems. Further, others also reported that cognitive ability has been shown to strongly influence the extent to which students benefit from formal instruction (Smith, et al. 2011).

On the other hand, one of them from grade seven was dropped out from school in the second semester. The reasons are beyond the scope of this study. It may be related to parental, personal or other factors. These students were tended to experience internalizing behaviors as it was reported by participant teachers from their observation while the rating scales have been completed. They manifested withdrawal, depression and some symptoms of anxiety. A study conducted by Lara, (2013) has also indicated that internalizing problems with somatization and withdrawal were related to academic under achievement.

Many studies found that internalizing disorders have a relation with academic achievement. Accordingly, in a study conducted by Twanyea, (2007) results indicate that internalizing behavior defined as anxiety, depression, and withdrawal contributed significantly to the prediction of classroom performance. Students with internalizing disorder are inclined towards having poor academic achievement. Mark et al. (2001) also found that moderate to strong correlations between internalizing behavior problems in children and daily classroom performance have been reported. However, the mean academic achievement of female students with cognitive problem was 53.34 and 51.27 in the first and second semester of 2006 academic year respectively. Even if their academic achievement shows a decrease by 2.07 of mean it is still beyond fifty (50). Therefore, internalizing disorder with Cognitive problem is not associated with poor academic achievement at Kidus Gabriel Higher Elementary School. The second objective of the study was achieved throughout hypothesis one and two.

***Research question 3.*** Is externalizing disorder is more prevalent in male than in female students at Kidus Gabriel Higher Elementary school?

Among 58 students found having EBD, only five students were female. The rest of them (53) were male students. Among 53 male students, 19 students or 32.76% were students with oppositional, 18 students or 31.04% were students with ADHD, 16 students or 27.58% were students with hyperactive and 5 students or 8.62% were students with cognitive disorder respectively. Totally, male students with EBD were 91.38% in this study. Children and adolescents with EBD are overwhelmingly male, behaviorally disruptive, noncompliant, verbally abusive, and aggressive (Robert, et al. 2004). Only 8.62% of the total 58 students with EBD were female students. Hence, EBD is more prevalent in males than in females in Kidus Gabriel Higher

Elementary School. This implies that externalizing disorder is more prevalent in males than in females implying that they were at risk of classroom academic achievement deficit.

**Research question 4.** Is there a statistically significant relationship between academic achievement and emotional and behavioral disorder at Kidus Gabriel Higher Elementary School?

The total classroom academic achievements of students with EBD and without EBD were taken by document analysis. The mean of classroom academic achievements were taken to ensure the confidentiality of the data. The mean of classroom academic achievements of students with EBD in first and second semester were (48.4 and 46.3; 49.27 and 48.13; and 46.53 and 41.32) for students with oppositional disorder, hyperactive disorder, and ADHD respectively. Pearson product-moment correlation coefficient was used to test the strength of their relationship. Then it was correlated and there were a statistically significant relationship ( $r=-.96$ ,  $r=-.19$  and  $r=-1.00$ ) at 0.05 significant level between academic achievement and EBD as it was indicated in table 4.1.1

A study conducted by Robert et al. (2004) found that even though, the mechanism of relationship is uncertain, the existence of relationship between academic achievement and EBD is real. In this study it was found that there was a statistically significant relationship between academic achievement and EBD. On the contrary, few researchers reported that the prevalence of academic difficulties among children with EBD is uncertain (Robert et al., 2004). On the other hand, Ruhl and Berlinghoff as cited in Robert et al., (2004) suggested that between 33% and 81% of children with behavioral disorders have academic difficulties. Correlational studies between the Child Behavior Checklist and academic achievement revealed negative relationships between behavior problems and academic achievement Mingyue et al cited in Lara, (2013).

The finding of the present study is similar with studies in the literature. For instance, Anderson et al. (2001) has found that students with EBD make much less academic progress than either their non-disabled peer or those with learning disabilities. Consequently, the meta-analysis by Robert et al. (2004) of 25 studies, which compared the academic achievement of students with EBD and typically developing same-age peers, found an effect size of .69 favoring typically developing students. This pattern held across all academic subject areas (Kevin et al., 2008). Students with EBD even show a decrease in their academic achievement in this study.

A study conducted by Maguin et al. as cited in Robert et al. (2004) reported that academic failure is one of the most powerful predictors of problem behavior and social failure. More specifically, the preponderance of studies on academic performance have indicated that students with EBD perform 1 to 2 years below grade level Trout, Nordness, and Epstein with academic difficulties emerging at an early age and persisting throughout their schooling (Coutinho et al. cited in Robert et al. (2004). Researchers reported that less than 60% of children with E/BD experienced academic achievement deficits (J. Ron et al., 2004). Generally, these students were achieving very low as we can see their academic achievement. This implies that academic deficits in Kidus Gabriel Higher Elementary school is due to emotional and behavioral disorder which is perceived as maladaptive behavior by the school teachers.

Classroom academic achievement of students with EBD shows a decrease by **2.99** of mean. A study conducted by Gottfredson et al. as cited in Robert et al. (2004) found that academic success is associated with a decrease in problem behavior. This implies that classroom academic achievement of students with emotional and behavioral disorder shows a decrease from time to time. Hence, in this study the academic achievement of male students with EBD is very low except one student with hyperactive disorder who achieved 82.1 and 80.1 both in first and

second semester respectively, which is contradictory finding with research question number 1. Students with emotional and behavioral disorders achieves lower as we have seen from document analysis.

Students with EBD also manifest a problematic behavior that will interfere with proper teaching and learning process. Low academic performance and maladaptive behavior patterns are highly related (Robert et al., 2004). Similarly, these students were found having low academic performance and undesirable behaviors. Kauffman as cited in Kevin et al. (2008) also found that Students with Emotional and Behavioral Disorder exhibits learning problems and behavioral deficits. Generally, the academic achievement of students with EBD was very low. They have poor academic achievement.

Whenever there are emotional and behavioral disorders, there is a low achievement in all academic areas. That means there is a kind of relationship between EBD and low academic achievement. A causal relationship between behavioral problems and academic underachievement, however, has yet to be determined (Hinshaw 1992). That means emotional and behavioral disorder is a factor that leads to low academic achievement and social skill failures. The present study further revealed that the relationship between academic achievement and emotional and behavioral disorder is certainly significant as shown in table 4.1.1 in Kidus Gabriel Higher Elementary School. Hence, there is a relationship among low academic achievement and emotional and behavioral disorder.

Similarly, a study conducted by Gottfredson and Skroban as cited in Robert et al. (2004) have also stated that academic success is associated with a decrease in problem behavior. Therefore, in this study EBD and academic achievement has found having statistically significant

relationships. Table 4.1.1 shows the correlation between externalizing disorders and academic achievement. Hence, the third objective of the study was achieved.

## **CHAPTER FIVE**

### **5. Summary, Conclusion and Recommendations**

#### **5.1 Summary**

The study was conducted to identify prevalence of students with emotional and behavioral disorder, to investigate classroom academic achievements of these students and to test the relationship between Emotional and Behavioral Disorders and academic achievement at Kidus Gabriel Higher Elementary School focusing on grades five to seven students. In order to achieve these aims, three instruments of data collection were used. These were, non-participatory observation, which was conducted from December 1 to January 10 and February 1 to march 30/ 2006 E.C, Conner`s teacher rating scale and document analysis. Particularly, the study was aimed to:

- Identify prevalence of students with EBD in Kidus Gabriel Higher Elementary School.
- Investigate the academic achievement of students with EBD in Kidus Gabriel Higher Elementary School.
- Investigate the type of relationship between EBD and classroom academic achievement in Kidus Gabriel Higher Elementary School.

The study was also aimed to answer the following research questions.

1. Does externalizing disorders have a relationship with academic achievement at Kidus Gabriel Higher Elementary School?

2. Does internalizing disorders with cognitive problems have a relationship with academic achievement at Kidus Gabriel Higher Elementary School?
3. Is externalizing disorder is more prevalent in male than in female students at Kidus Gabriel Higher Elementary school?
4. Is there a statistically significant relationship between academic achievement and emotional and behavioral disorder at Kidus Gabriel Higher Elementary School?

There were fifty eight (58) students identified having EBD in grades five to seven (5-7) in different grades. Twenty two (22) students were from grade five, twenty (20) students were from grade six and sixteen (16) students were from grade seven were identified having emotional and behavioral disorder by Conner`s teacher rating scale. Similarly, 11.15% were students with EBD in Kidus Gabriel Higher Elementary School.

The study was also asked that does externalizing behaviors have relationship with academic achievement. There were generally statistically significant relationship ( $r = -.96$ ,  $r = -.19$  and  $r = -1.00$ ) at 0.05 significance level between externalizing behavioral patterns and academic achievement. Therefore, externalizing behavioral patterns and classroom academic achievement were highly associated in Kidus Gabriel Higher Elementary school.

The study was also searched for an answer for the question does internalizing disorders with cognitive problems have a relationship with academic achievement and found that there was no significant relationships between internalizing disorder and classroom academic achievement as a result of good classroom achievement of these students.

The study was also searched for an answer for the question is externalizing disorder was more prevalent in males than in females? It was also found that, male students with EBD were 91.38% in Kidus Gabriel Higher Elementary School. Only 8.62% were female students with emotional and behavioral disorders.

The study also aimed to see whether a relationship exists between externalizing disorder and academic achievement. It was found that there was statistically significant relationship between EBD and classroom academic achievement. The academic achievement of students with externalizing disorder was found to be very low except one student with hyperactive disorder who achieved 82.1 and 80.1 in first and second semester respectively. The mean of academic achievement of first and second semester for grade five, six and seven were (48.4 and 46.3; 49.27 and 48.13; and 46.53 and 41.32) for students with oppositional disorder, hyperactive disorder, and ADHD respectively. In this study, it was found that students with externalizing disorder generally achieved very poor in Kidus Gabriel Higher Elementary School.

## **5.2. Conclusion**

The prevalence of emotional and behavioral disorder was 11.15% in grades five to seven (5-7) students at Kidus Gabriel Higher Elementary School and it was highly prevalent in male students 91.38% than in female students 8.62%. Students with externalizing disorders have classroom academic achievement deficit. There were statistically significant relationship between classroom academic achievement and externalizing disorder. That means the existence of relationship between academic achievement and emotional and behavioral disorder was real in the target school. This implies that emotional and behavioral disorder particularly; externalizing

behavior is one of the factors that have been affecting classroom academic achievement of students.

### **5.3. Recommendations**

Based on the conclusions made above, the researcher forwards the following solutions.

- Additional special needs education teachers are needed to be enrolled in the school. The Zone education office need to employ additional special needs education teachers.
- The school teachers ought to work with colleges like Mettu College of teachers Education and Mettu University in order to be equipped with necessary skills of supporting such students.
- The need to be committed for good academic achievement of students with EBD
- It is also better if the school works with NGOs found in the town like “Chishayer Foundation and Menchin for Menchin” in order to get some inputs that enables the school teachers to properly welcome and support students with emotional and behavioral disorder.
- Professional teachers working in Mettu College of Teachers` Education and Mettu University need to work cooperatively with the school to help school teachers design intervention strategies to help these students improve their classroom academic achievement.
- Awareness creating activities and different trainings need to be given by Mettu College of Teacher`s Education to enable the school community to help increase the interpersonal relationships and not to stigmatize these students.

## References

- Anderson J. (2001). Peer-mediated intervention studies on academic achievement for students with EBD. *Journal of Emotional & Behavioral Disorders, 9 (2) 106.*
- Ann S., Glenn I., Jeffrey D., Keith B., Jelena O., Jennifer R., Kristen B., & Auke T. (2005) Developmental Cascades: Linking Academic Achievement and Externalizing and Internalizing Symptoms Over 20 Years. *Journal of Developmental Psychology, 41, (5), 733–746*
- Atalay A., Ababi Z., Derege K., Mesfin A., Menelik D., Teferea M., ... Girmay M., (2006). Child labor and childhood behavioral and Mental health problems in Ethiopia. *Ethioian . Journal of Health Development, 20 (2), 119-126 Pdf.*
- Ashenafi, Y. Kebede, D. Desta, M. and Alem, A. (2000). Socio-demographic correlates of mental and behavioral disorders of children in southern Ethiopia. *East African Medical Journal, 77 (10).*
- Cristina G., Alvim J., Paulo A., Laura M., Belizario L., Facury L., ... Cunha. (2002). Prevalence of emotional and behavioral disorders in adolescents with asthma. Pdf.
- Erford, Bradley T. (1995). Diagnostique. *Journal of educational Psychology, 21, 1, 19-28. (pdf).*
- J. Ron N., Gregory J., Benner K., & Benjamin W. (2004). Academic Achievement of K-12 Students With Emotional and Behavioral Disorders. *Journal of Education, 71(1) 59 73. (pdf).*

- Katarina G. Jason M. Szanyi & Philip W. (2007). Internalizing and Externalizing Behavior Problem Scores. Cross-Ethnic and Longitudinal Measurement. Invariance of the BehaviorProblem Index. Educational and Psychological Measurement. Sage Publications. Pdf.
- Kevin S., Teri W., Janine S. & Paul L. (2008). Examining the Influence of Teacher Behavior and Classroom Context on the Behavioral and Academic Outcomes for Students With Emotional or Behavioral Disorders. *The Journal of Special Needs Education*, 25 (2) 23-32.
- National Association of School Psychologists. (2011). Students With Attention Deficit Hyperactivity Disorder. (Position Statement). Bethesda, MD: Author.
- Robert R. (2004). Emotional and Behavior Disorders: *Peer-mediated intervention studies on academic achievement for students with EBD. Pdf.*
- Robert R., (2004). A Meta-Analysis of the Academic Status of Students with Emotional/Behavioral Disturbance. *The journal of special education*, 38 (3)130–143. Pdf.
- Ron Smith. (2011) *Investigating the Relationship between Cognitive Ability and Academic Achievement in Elementary Reading and Mathematics.* Pdf.
- Ryan J., & Epstein, M. (2004). *Peer-Mediated Intervention Studies on Academic Achievement for Students with EBD: A Review (Pdf)*
- Riley R., Kristen B., & Auke T. (2005). Developmental Cascades: Linking Academic Achievement and Externalizing and Internalizing Symptoms Over 20 Years. *Journal of Developmental Psychology*, 41 (5) 733–746. Pdf.

- Shannon M., Graciela E., Kristine L., Kaemingk J., Goodwin & Stuart F. (2010). Cognitive Functioning and Academic Performance in Elementary School Children with Anxious/Depressed and Withdrawn Symptoms. *The Open Pediatric Medicine Journal*, 4, 1-9. Pdf
- Hinshaw P. (1992). Externalizing Behavior Problems and Academic Underachievement in Childhood and Adolescence: Causal Relationships and Underlying Mechanisms. *Psychological Bulletin*, 111 (1)127-155.
- Sydney S., Zentall & Robin S. (1979.). Rating Scales for Hyperactivity: Concurrent Validity, Reliability, and Decisions to Label for the Conners and Davids Abbreviated Scales. *Jour of Abnormal Child Psychology*, 7 (2) 179-190 (pdf).
- Tadesse B., Kebede D., Tegegne T., Alem A. (1995). Childhood behavioural disorders in Ambo District, western Ethiopia. I Prevalence estimate. *Acta Psychiatr Scand* 1999a (100) 92-97.
- Poldermal T., Boomsma D., Bartels M., C.Verhulst F., Huizink A. (2010). *A systematic review of prospective studies on attention problems and academic achievement*. (Pdf).
- Tirussew Tefera. (2005). *Disability in Ethiopia: Issues, Insights and Implications: Contextualizing, Disability, Early intervention, Inclusive education, Gender and Disability, Resilience and Success*. Addis Ababa University printing press.
- Twanyea L. (2007). *Predicting Internalizing Problems in at Risk children and Adolescents*. Pdf.
- Wasima R., Mullick M., Mohammad A., Siddike P., Nafia F., Mohammad S., Helaluddin A., Surajit R.,... , Farzana R. (2012). Prevalence of Behavioral and Emotional Disorders among the Orphans and Factors Associated with these Disorders. Pdf.

Weili Lu., Eric D., Sarah P., Alexander S., Brittany S., & Michael A. (2013). Life events and internalizing problems among Chinese school children: An examination of the cognitive diathesis model. *Asian Journal of Social Psychology*, 16, 307–319 pdf.

# Appendices

## Appendix – A Conner`s Teacher Rating Scale.

**CONNERS' RATING SCALES**

Child Name: \_\_\_\_\_ Child Age: \_\_\_\_\_ Child Sex: \_\_\_\_\_ Teacher: \_\_\_\_\_

Instructions: Read each item below carefully, and decide how much you think the child has been bothered by this problem during the past month.

Not at All	Just a Little	Pretty Much	Very Much	CTRS-28
0	1	2	3	1. Restless in the "squirmy" sense
0	1	2	3	2. Makes inappropriate noises when s/he shouldn't
0	1	2	3	3. Demands must be met immediately
0	1	2	3	4. Acts "smart" (impudent or sassy)
0	1	2	3	5. Temper outbursts and unpredictable behavior
0	1	2	3	6. Overly sensitive to criticism
0	1	2	3	7. Distractibility or attention span a problem
0	1	2	3	8. Disturbs other children
0	1	2	3	9. Daydreams
0	1	2	3	10. Pouts and sulks
0	1	2	3	11. Mood changes quickly and drastically
0	1	2	3	12. Quarrelsome
0	1	2	3	13. Submissive attitude toward authority
0	1	2	3	14. Restless, always up and on the go
0	1	2	3	15. Excitable, impulsive
0	1	2	3	16. Excessive demands for teacher's attention
0	1	2	3	17. Appears to be unaccepted by group
0	1	2	3	18. Appears to be easily led by other children
0	1	2	3	19. No sense of fair play
0	1	2	3	20. Appears to lack leadership
0	1	2	3	21. Fails to finish things that s/he starts
0	1	2	3	22. Childish and immature
0	1	2	3	23. Denies mistakes or blames others
0	1	2	3	24. Does not get along well with other children
0	1	2	3	25. Uncooperative with classmates
0	1	2	3	26. Easily frustrated in efforts
0	1	2	3	27. Uncooperative with teacher
0	1	2	3	28. Difficulty in learning

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## Appendix-B - CTRS Translated in to Afaan Oromoo

Maqaa \_\_\_\_\_ umurii \_\_\_\_\_ saala \_\_\_\_\_ Kutaa \_\_\_\_\_ B/saa \_\_\_\_\_

### CTRS-28

Not at all Just a little Pretty much Very much

- |   |   |   |   |   |
|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 1. Currisa keessa galuun boqonnaa malee asii fi achi socho`uu                                   |
| 0 | 1 | 2 | 3 | 2. Yeroo waa dadhabu/dadhabdu sagalee hin barbaachifne dhageessisuu                             |
| 0 | 1 | 2 | 3 | 3. Fedhiin isaa/ishee atattamaan akka guutamuuf fedhuu  |
| 0 | 1 | 2 | 3 | 4. Humnaan waa hojjechuu yaaluu   |
| 0 | 1 | 2 | 3 | 5. Dheekkamuu, salphaatti aaruu fi amala tilmaamuun isaa nama rakkisu agarsiisuu                |
| 0 | 1 | 2 | 3 | 6. Ceephoo baachuu fi gorsa fudhachuu dadhabuu  |
| 0 | 1 | 2 | 3 | 7. Waa balleessuu fi xiyyeeffannaa walittifufaan hordofuu dadhabuu                              |
| 0 | 1 | 2 | 3 | 8. Barattoota kan biro jeequu   |
| 0 | 1 | 2 | 3 | 9. Waan ta`uu hin dandeenye yaaduu fi qalbiin tamsa`uu  |
| 0 | 1 | 2 | 3 | 10. Hidhi inamatti micciiruu fi haasa`uu diduun aaruu isaanii kaan<br>Akka beeku gochuuf yaaluu |
| 0 | 1 | 2 | 3 | 11. Ammaa amma amala jijjiirrachuu  |
| 0 | 1 | 2 | 3 | 12. Hiriya fi namoota biro loluu  |
| 0 | 1 | 2 | 3 | 13. Waa of irraa faccisuu irra warraa angoqabanitti harka kennuu                                |
| 0 | 1 | 2 | 3 | 14. Tagabbiidhaan taa`uu dadhabuu   |
| 0 | 1 | 2 | 3 | 15. sooittihinyaadinamalahinbarbaachifnemul`isuu fi fayyumagammaduu                             |
| 0 | 1 | 2 | 3 | 16. Gar-maleexiyyeeffannaabarsiisaargachuubarbaaduu   |
| 0 | 1 | 2 | 3 | 17. Hiriyaan akka waan fudhatama hin qabnee fakkaataniii mul`achuu                              |
| 0 | 1 | 2 | 3 | 18. Daa`imman xixiqqoodhaan osoo geggeeffanii argamuu   |
| 0 | 1 | 2 | 3 | 19. Miira wal-qixxummaan taphachuu dhabuu   |
| 0 | 1 | 2 | 3 | 20. Ogummaa geggeessummaa dhabuu fi of qajeelchuu dhabuu  |
| 0 | 1 | 2 | 3 | 21. Wanta eegale/eegalte tokko osoo hinxumurin hafuu  |
| 0 | 1 | 2 | 3 | 22. Amala daa`imomuu mul`isuu fi bilchina dhabuu  |
| 0 | 1 | 2 | 3 | 23. Dogoggora ofii ganuu fi badii ofiitiif nama biraa ceepha`uu                                 |

- |   |   |   |   |  |
|---|---|---|---|--|
| 0 | 1 | 2 | 3 | 24. Daa`imman biroo waliin ta`uun hojjechuu dadhabuu |
| 0 | 1 | 2 | 3 | 25. Miseensota dareewaliin qindoomuu dadhabuu        |
| 0 | 1 | 2 | 3 | 26. Shaakala keessatti salphaatti sodaachuu          |
| 0 | 1 | 2 | 3 | 27. Barsiisaa waliin waliigaluun tumsuu dadhabuu     |
| 0 | 1 | 2 | 3 | 28. Waa barachuu dadhabuu                            |

## **Declaration**

I declared that this thesis is my original work. It has not been presented for a degree in any other Universities. All relevant sources of materials have been duly acknowledged.

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This thesis has been submitted for examination with my approval as a University advisor

Name: Tilahun Achaw (Ph.D)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_